

Correspondence

Letters for publication in the Correspondence columns should be addressed to:

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TRIBUTE TO DONALD WINNICOTT

DEAR SIR,

Last July, the National Association for Mental Health arranged a memorial meeting for the late Dr. Donald Winnicott, and you have kindly allowed me to place before your readers my own contribution on that occasion, as follows:

‘Conversations amongst people concerned with children’s problems is often begun with “Winnicott once said . . .”. What follows is usually a statement that is so profound that it can be expressed only in ordinary words. I shall quote one of them. Winnicott once said . . . “I think that when you put an idea in someone’s head, you should put something into their stomach at the same time.”’

‘I experienced a practical illustration of this before ever I had heard the statement. In my mid-professional life, I held a fellowship of the N.A.M.H. in child guidance, and was invited with other fellows to a seminar at Paddington Green Hospital. There we met Dr. Winnicott, the teacher, and were introduced to the “squiggle” and to the discoveries that could be made in the encounter of a healer with a patient.

‘The “squiggle” is a very simple device for communication between two people. Each takes a small piece of paper and produces a scribble (squiggle is a more expressive name), and then the papers are exchanged. It is up to the recipient of each paper to make something fresh out of the original drawing. It appears to be a point of honour to give shape and meaning with the minimum addition. There is more than communication in this; it is the accepting of something which is apparently chaotic, and, in accepting it, turning it into a structure which has value as well as meaning. This is what a parent does when the parent turns the child’s babble into words, and the child’s tentative movements into purposive activity. But the message to be learned is to accept the first products as the basis for the final construction. This is the link between growth and therapy.

‘None of this was stated explicitly, but the message was implied.

‘During the seminar, Dr. Winnicott, the host, handed round some strawberries, unwashed, and in their original basket. It was only later that I could

realize that new insights, however enjoyable, are a burden which test the adjustments to old depressions. Something new has to be integrated and its goodness needs to be confirmed and reinforced.

‘The messages which Winnicott transmitted to his students were themselves like his squiggles. A single line, or dot, or word, added by his patient or student collaborator, gave it a meaning which could never be anticipated. It was a creation of the moment, and in this interacting way each listener or reader achieved a benefit which Winnicott did not claim to have offered. He once denied any knowledge of the meaning of his famous phrase “the mother enables the child to catch hold of time”.

‘There must have been many devotees who hastened to disclose their personal response to this evocative phrase, and to add meaning to meaning, and ambiguity to ambiguity. It is the ambiguity and the multiple meanings which count. To me the phrase signifies both change and continuity; today I am different from what I was yesterday, and tomorrow I shall be different again; and yet there is continuity in my identity.

‘I came across a different form for the same idea in an unexpected place. Norman Mailer concludes his novel *The Deer Park* with this sentence:

‘Rather think of Sex as Time, and Time as the connection of new circuits.’

‘I learned to marvel, as I got to know Donald Winnicott better, on how few meetings it needed for new directions of thought to become possible. This capacity to effect a profound and lasting influence became the mainspring of his therapy and his teaching about it. One of the major contributions to child psychiatry in this age has been his “Therapeutic Consultation”—a technique in the first place constructed out of necessary opportunism. In Winnicott’s own words “I had a limited task . . . it had to be done quickly, without delay, and with a quiet certainty.”

‘This was Winnicott the healer; and a healer has to be able to offer a maternal and paternal quality at the same time. Yet he never became a competitor for the child with the child’s natural parents. Rather was he able to support them. He introduced the concept of “the good-enough-mother”, and, by recognizing the goodness, he allowed that goodness to develop. Had

he concentrated on the badness it would have been the badness which would have taken permanent shape. The parental aspect of the healer's role embraced the whole family. To be a healer also needs magic, and therefore we turn to Prospero and discover that Shakespeare had added yet another dimension—the ability to know when to discard the magic robe.

'When Prospero finds it possible to enlighten Miranda about her origins, this is what he says:

"Tis time
I should inform thee further; lend thy hand
And pluck my magic garment from me—So!"

The stage direction then states—"Lays down his mantle." Winnicott was always able to pluck away *his* magic garment when talking to a small child. He could use the language of intuitive thought to bridge the generations, but in his writings he referred to the communication of feelings that are (and these are his own words) "unverbalized and unverbalizable except perhaps in poetry". It was his special quality to be able to reach these levels, especially those of barely recollected grief, to offer comfort and to recognize that depression is reparative and even creative in its effects on the development of personality. For the description of this experience we may call again upon Shakespeare, Prospero recalls to Miranda their perilous escape when she was barely three years old, and she responds:

"Alack for pity:
I, not remembering how I cried out then,
Will cry it o'er again . . ."

This is the father/infant couple, and, like the mother/infant couple (and here I quote Winnicott once more), "it can teach us the basic principles on which we may base our therapeutic work when we are treating children whose early mothering was 'not good enough', or was interrupted".

'In some sense every therapeutic session is a drama and is bound by the dramatic unities of time, place and action. It has its beginning and it has its end; and, though life is a unity, help comes in acts that are episodes with intervals in between. Winnicott commented on the fact that the untutored child accepts artistic limits when he places a drawing in a size and shape that is related to the size of the paper. Thus, every activity of Winnicott's, complete in itself, became part of an integrated whole in which patients, students, colleagues and readers of his works joined together in the discovery of new levels of understanding and of functioning.

'He was a philosopher giving meaning to life in the balance of opposites.

'Time comes into this once more, as in *Ecclesiastes*:

"A time to keep silence and a time to speak; a time to love and a time to hate";

and, as the verses continue with their complex messages, a note of joy breaks in:

"I have seen the task which God hath given to the sons of men to be exercised therewith. He hath made everything beautiful in its time. I know that there is nothing better for them, than to rejoice. . . ."

'Winnicott the teacher, the healer, the parent, the magician, the poet, the dramatist, the philosopher, and the friend, was also an optimist; and we who are his beneficiaries and his inheritors can therefore take comfort and say with Miranda:

"O brave new world that hath such people in't."'

J. H. KAHN.

ARE MAOI AND OTHER PSYCHOTROPIC DRUGS REALLY COMPATIBLE?

DEAR SIR,

We read Dr. Winston's paper ('Combined Anti-depressant Therapy', *Journal*, March 1971, Vol. 118, p. 301), with great interest and tend to concur with him on 'massive overdose of the combined drugs'.

Without a detailed and reliable medical and social history, it is extremely difficult to differentiate the severe adverse side effects (i.e., hypertension, delirium, convulsion and hyperpyrexia) from the medical emergency. It has long been the established medical practice not to use the tricyclics and MAOI drugs simultaneously. However, more recently Schuckit *et al.* report the combination of tricyclic drugs and MAOI's to be effective in the treatment of depression (1). In Great Britain, several papers (2, 3) had been written on this subject. We present our current case just to warn that great danger indeed exists in combining the tricyclic drugs and MAOI's in large dosage.

Mrs. E.R., a 43-year-old, divorced white woman, was admitted as a case of schizophrenia. She was of medium stature, well developed, well nourished, and an attractive blonde was appeared to be her stated age. On admission, she was very agitated, disturbed, belligerent, singing and screaming. Intra-muscular chlorpromazine, 50 mg. was given twice in four hours' time. She gradually calmed down, but was noticed to be very confused, crawling around the room. Her vital signs at admission were: BP 120/80 mm. Hg; T. 96.7°F., pulse 80/m. Twelve hours after her admission she was running a temperature of 103°F., pulse rate 125/min., BP 165/86 mm. Hg, and she did not respond to external stimuli. She was in a comatose state, and at the same time she suffered two convulsions. She was transferred to the Medical Service for further investigation and treatment.

About 8 years ago she was admitted to a state hospital